



FALL  
 SPRING  
 SUMMER \_\_\_\_\_ YEAR

1. Student ID # (If Known)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. DATE OF BIRTH  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO DAY YEAR

3. IS ENGLISH YOUR PRIMARY LANGUAGE?  
 Yes  No

4. EMAIL ADDRESS  
\_\_\_\_\_

5. LEGAL NAME & CURRENT ADDRESS  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name or Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender:  Male  Female  Decline to State  
Former or Maiden Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Day Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. U.S. CITIZENSHIP If NO, check one of the following:  
YES NO  
   
 Permanent Resident \*  Temporary Resident \*  Amnesty \*  
 Refugee / Asylee \*  Student Visa (F1)  Other - Specify: \_\_\_\_\_  
\*Provide your Alien ID number: \_\_\_\_\_  
Issue Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. RACE / ETHNICITY (Check one)

<input type="checkbox"/> African American, Non-Hispanic	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Mexican	<input type="checkbox"/> South American
<input type="checkbox"/> American Indian, Alaskan Native	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Indian (Asia)	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Central American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Non-White	<input type="checkbox"/> Unknown/Non Respondent
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Decline to State
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	

8. EDUCATIONAL GOAL (Check one)

<input type="checkbox"/> Associate Degree without transfer.	<input type="checkbox"/> Prepare for a new career (acquire job skills).
<input type="checkbox"/> Advance in current job/career (update job skills).	<input type="checkbox"/> Transfer with AA/AS degree.
<input type="checkbox"/> Formulate career interests, plans and goals.	<input type="checkbox"/> Transfer without AA/AS degree.
<input type="checkbox"/> Improve basic skills in English, Reading and Math.	<input type="checkbox"/> Vocational Certificate without Transfer.
<input type="checkbox"/> Maintain certificate or license.	<input type="checkbox"/> Undecided on goal/exploring.
<input type="checkbox"/> Personal Enrichment.	

**9. HIGH SCHOOL STATUS (Check one)**

- Never attended.
- Academic Enrichment Student  
(Will be attending both 9-12 and Sierra).
- Did not graduate.
- Graduated.
- Passed GED.
- Passed CA Proficiency Exam.
- Currently in Adult School.
- Foreign school graduate.

DATE OF HIGH SCHOOL GRADUATION, G.E.D : \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YEAR

**10. ENROLLMENT STATUS (Check one)**

- First time Student.
- Attended another college, first time at Sierra.
- Previously attended Sierra College.  
If attended Sierra College prior to 1980, when :

\_\_\_\_/\_\_\_\_  
MO YEAR

- Have also attended another college since I attended Sierra College.

**11. LAST HIGH SCHOOL ATTENDED**

High School: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_

**12. MAJOR**

Program of study you intend to pursue at this college

**OLLI Program uses code - 0 0 0 0**

0 0 0 0

**13. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)**

College/University: \_\_\_\_\_  
 Year attended: \_\_\_\_\_  
 Highest Degree Earned:  Associate's Degree  Bachelor's Degree or higher      Year highest degree earned: \_\_\_\_\_

**14. Employment**

How many hours per week do you expect to work this term?

- None
- 1-9
- 10-19
- 20-29
- 30-39
- 40 or More

**15. MATRICULATION**

- Did you take an assessment Test ?       Yes     No
- Did you attend orientation ?               Yes     No
- Did you Prepare a Student Education Plan ?  Yes     No

**16. NEEDS AND INTERESTS (Check all that apply) - Optional**

- Athletics/Intercollegiate Sports
- Basic Skills (reading, writing, math)
- CalWorks
- Career Center
- Community Education
- Counseling - Personal
- Disability Services
- Employment Assistance
- ESL - English as a Second Language
- EOPS - Extended Opportunity Programs and Services
- Financial Aid
- Health services
- Housing / Dorms
- Learning Disability
- Re-Entry Center
- Student Activities
- Study Skills
- Transfer Center
- Tutoring
- Veteran's Benefits

**OFFICE USE ONLY**

Processed by: \_\_\_\_\_  
 Res: \_\_\_\_\_  
 Date: \_\_\_\_\_

The information requested below is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code 68040. Failure to answer all questions may cause you to be classified as a nonresident. You may submit other information that you believe will establish your California residence. If additional information is needed to determine your residence status, you will be required to complete a supplemental questionnaire and/or to present evidence in accordance with Educational Code 68040 et seq. The burden of proof to clearly demonstrate both physical presence and intent to establish California residence lies with the student.

**PART A — To be completed by all students**

Name: \_\_\_\_\_

What state do you regard as your permanent home? \_\_\_\_\_

If it is California, when did your present stay begin? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

1. Where have you resided in the past 24 months?

_____	_____	From _____ / _____ To _____ / _____
City	State	Month Year Month Year
_____	_____	From _____ / _____ To _____ / _____
City	State	Month Year Month Year

2. Are you unmarried and under 19 years of age?  Yes Complete questions 2-8 about your parents  
 No Complete questions 2-8 about yourself

If yes, what year? \_\_\_\_\_

- 3. Have you filed state income tax in another state ?  Yes  No \_\_\_\_\_
- 4. Have you voted in another state ?  Yes  No \_\_\_\_\_
- 5. Attended an out-of-state education institution as a resident of that state ?  Yes  No \_\_\_\_\_
- 6. Declared residency in another state for income tax purposes ?  Yes  No \_\_\_\_\_
- 7. Had a valid driver's license in another state ?  Yes  No \_\_\_\_\_
- 8. Registered another vehicle in another state?  Yes  No \_\_\_\_\_

**PART B — If you are under 19 years of age when classes begin – complete the questions below**

1. Have you lived continuously for the past two (2) years with one or both of your parents or court appointed legal guardian?  
 Yes  No

2. Please indicate your parent's/legal guardian's name(s) and address below:

3. Name: \_\_\_\_\_ U.S. Citizen  Yes  No

Current Address: \_\_\_\_\_  
 Street City State Zip

4. Has the person indicated above claimed you on their Federal or State income tax for this past year?  
 Yes  No

**PART C — U. S. Military Status**

- None apply to me
- Currently active military  Yes  No Is California your home of record?
- Dependent of currently active military  Yes  No Are you currently stationed in California?
- Member discharged within the last year  Yes  No If stationed in California, is it for educational purposes only?
- Member discharged over a year ago (veteran)

**18. APPLICANT MUST READ AND SIGN** (California State Law)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF MY INFORMATION MAY RESULT IN DISCIPLINARY ACTION BY THE COLLEGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Osher Lifelong Learning Institute at Sierra College

## Tuition-free OLLI Course Registration Form – Summer 2026

**DIRECTIONS:** If you did not take a tuition-free course in the **Spring 2026** semester, you must complete an application **along with** this registration form. Scan the QR code below to open an application on your smart phone or visit the OLLI website at: [www.sierraolli.org](http://www.sierraolli.org). To request an application, email: [olli@sierracollege.edu](mailto:olli@sierracollege.edu)

**Mail forms to:**

OLLI at Sierra College  
5100 Sierra College Blvd, W-205,  
Rocklin, CA 95677

**Email scanned forms to:**

[olli@sierracollege.edu](mailto:olli@sierracollege.edu)

**Scan to open application:**

*\*Use smart phone camera to scan*



STUDENT INFORMATION		*Please Update My Information: <input type="checkbox"/>	
Sierra College Student ID # (9 digits if known):		DOB:	
First Name:	Last Name:	Middle Initial:	
Street:	City:	ST:	Zip:
Phone:	Email:		

**Select Tuition-free Courses Below:**

COURSE TITLE	DATES and TIME	LOCATION	CRN	X
<b>ENGL 0815</b>				
Kazuo Ishiguro-Life and Writings	Tues, 6/16-7/21, 1pm-2:50pm 6 sessions	Nevada County Campus: N8-108	62031	<input type="checkbox"/>
Kazuo Ishiguro-Life and Writings	Mon, 6/15--7/20, 1pm-2:50pm 6 sessions	Rocklin Campus: W-201	62030	<input type="checkbox"/>
<b>MUSIC 0810</b>				
Dvorak Revisited	Mon, 6/15-7/20, 10am-11:50am 6 sessions	Rocklin Campus: W-201	62132	<input type="checkbox"/>
Dvorak Revisited	Tues, 6/16-7/21, 10am-11:50am 6 sessions	Nevada County Campus: N15-101	62133	<input type="checkbox"/>
<b>THEA 0809</b>				
"Like Water for Chocolate" Reimagined	Wed, 6/17-7/22, 1pm-3:50pm 6 sessions	Rocklin Campus: W-201	62032	<input type="checkbox"/>
"Like Water for Chocolate" Reimagined	Thur, 6/18-7/23, 1pm-3:50pm 6 sessions	Nevada County Campus: N15-100	62033	<input type="checkbox"/>

**X**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**